

BRIDGEPORT ANIMAL CONTROL FACILITY DOG ADOPTION APPLICATION

Dog Impound # _____ Office use only: _____ Approved _____ Denied _____
Name: _____ Home #: _____ Cell #: _____
Address: _____ City, State, Zip: _____
D.O.B. _____ Do you rent? _____ Or own? _____ Type of Residence? _____
How long have you lived at this address? _____ Will your landlord permit pets? _____

- If you **rent**, you must bring a "Notarized Letter" from your landlord stating that you are allowed to have pets or a copy of your lease that states you are permitted to have pets.
- If you **own**, you must bring proof of ownership of your home (tax bill, mortgage statement, utility bill).
- If **other dogs are in the home**, a meet and greet must be completed as part of the application process.
- **No applications will be considered without these steps completed first!**

Do you have children? Yes No If yes, what are their ages? _____

Place of Employment _____ Address _____ Work # _____

Do you have pets now? Yes No If yes, what kind and how many? _____

If yes, are your current pets: Sterilized (fixed)? Yes No Up-to-date with shots? Yes No

If you are currently a dog owner, is your dog licensed? Yes No If not, why? _____

Did you have pets in the past? Yes No If yes, what kind and how many? _____

If they are no longer with you, why? _____

Who is your veterinarian? _____

Have you ever owned a pet with a bite/attack history? Yes No If yes, explain: _____

Do you plan to spay/neuter your dog? Yes No If not, why? _____

Will you take your dog to the veterinarian for complete medical treatment if necessary? Yes No

Dogs can live 15 years or longer. Can you commit to caring for this animal this long? Yes No

Will you commit to providing proper training should a behavior issue arise? Yes No

Do you have a: Yard? Yes No Fenced in Yard? Yes No Dog house? Yes No Run? Yes No

Where will your dog be kept during the day? _____ At night? _____

When on vacation? _____ How many hours a day will the dog be left alone? _____

PLEASE TURN OVER TO COMPLETE ADOPTION APPLICATION

Please explain how you would approach dealing with a behavior issue such as separation anxiety, which can include behaviors such as chewing, barking, and housebreaking issues?

Please explain how you plan to meet the mental and physical exercise needs of your new pet.

What issue with your new pet (if any) would cause you to return your new pet to the shelter?

Have you ever attended a Professional Dog Training Course? Yes____ No____ N/A____

What is the most expensive veterinary medical expense you have ever had to pay for your pets?
Explain:

What plan is in place to take care of your pets should you become ill/injured/otherwise unable to care for them any longer?

Do you have previous experience with breed or age group of dog you are adopting? (i.e Puppies/German Shepherds) No____ Yes (Please Explain)

PLEASE TURN OVER TO COMPLETE ADOPTION APPLICATION

By initialing, you certify that you understand dogs adopted from this shelter often have no prior medical history:_____

By initialing, you certify that you understand dogs adopted from this shelter often have no prior behavioral history:_____

By initialing, you certify that you understand all medical costs following adoption are the responsibility of the adopter: _____

By initialing, you certify that you will exhaust all reasonable efforts to correct a behavioral issue before returning your pet to the shelter. These efforts are up to and including, veterinary consultations, PROFESSIONAL dog training consultations and attendance and speaking with the Chief Animal Control Officer regarding your concerns all PRIOR to considering a return. _____

By initialing, you certify that you understand returning a dog without exhausting all above listed efforts will result in your disqualification for all future adoptions at Bridgeport Animal Control. _____

Please provide a personal reference:

Name:_____

Relationship:_____

Contact #:_____

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**Please initial each box to
acknowledge understanding of each statement:**

➤ In order to be considered for an adoption, you must:

- ☐ Be 18 years of age.
- ☐ Have knowledge and consent of all adults in your household.
- ☐ Have Landlord's consent to bring an animal onto the property.
- ☐ **Understand that the Bridgeport Animal Control Facility has the right to deny you application FOR ANY REASON.**
- ☐ Understand the following statements regarding the Bridgeport Animal Control Facility's Adoption Application.
 - This form is to ensure that the animal and the potential adopter's are compatible. Incomplete forms or false information may result in rejection of this request.
 - Per state statute #22-332, the Animal Control Officer has the authority to adopt an animal under his or her own discretion.
 - Filling out this application does not automatically approve you for the animal or put a "hold" on an animal
 - I authorize investigation for all information and statements on this form, and understand that misrepresentation or omission of facts called for is cause for denial of an adoption.
 - I further state that I understand the above statements and certify that all the information in this application is true and correct to the best of my knowledge.
- ☐ Understand the following State of Connecticut Animal Laws and will comply at the best of my ability.
 - If you have a dog or cat three months or older, please make sure the animal is rabies vaccinated. (22-339b)
 - Every dog must be licensed yearly in June. In order to license your dog, you must bring the Rabies Certificate to your local Animal Control Facility or Town Clerk's Office. The fees start in June at \$8.00 for an altered pet and \$19.00 for a non-altered pet. The fee goes up \$1.00 each month until May. (22-338)
 - Tag or plate must be attached to collar or harness at all times. (22-341)
 - Dogs are not allowed to roam at large. They must be walked on a leash. (22-364)
 - Please do not allow your dog to bark for an excessive amount of time. (22-363)
 - If your dog is kept outside, please provide adequate shelter, food and water.

(All of the above laws must be honored at the best of your ability or you may be fined.)

Signed: _____

Date: _____

Time: _____

(203) 576-7727 Phone ~ 236 Evergreen Street, Bridgeport, CT 06606 ~ (203) 576-8119 Fax
Websites: www.bacf.petfinder.com, www.bptanimalcontrol.com, [facebook.com/BPTAnimalshelter](https://www.facebook.com/BPTAnimalshelter)

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